



WALK WITH ME

By Martha Robinson

In the aftermath of September 11, Americans from all walks of life are realizing the need to embrace the freedoms that have defined us as a nation. These same freedoms, that many take for granted, are especially sought after by Americans who have a mental illness and their families.

The last decade has heralded revolutionary change in our perception of mental illness and the individuals and families whose lives it affects. Thanks, in part, to new advances in treatment protocols (effective drug therapy and community resources) much has been done to enhance the quality of life for those who have mental illness. Yet, many challenges remain. Today, our most critical challenge is creating a greater array of viable options that will allow people with mental illness the freedom to choose to live successfully within the community.

The national trend of community-based services and support, instead of institution-based service, is not a new concept. Many mental health care professionals, advocates and consumers have embraced the need for community-based service in the past. This approach has, slowly, gained impetus as a result of federal litigation.

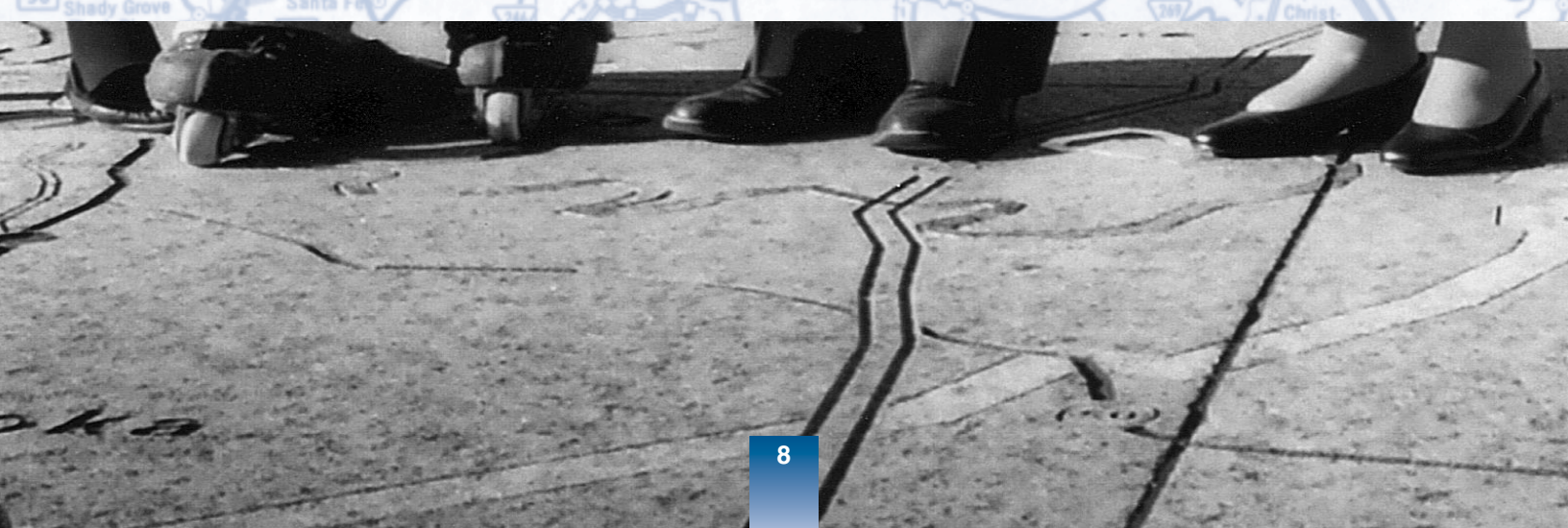
Mental health experts and consumers in Tennessee and throughout the nation recognize the importance of the need to build community-based service networks that will allow thousands

of individuals with severe and persistent mental illness (SPMI), or serious emotional disturbance (SED) to live successfully in their communities. Consistent with the principles embodied in the constitution of this great nation, the Tennessee Department of Mental Health and Developmental Disabilities (DMHDD) firmly supports the position that each individual has the right to live in a community of his or her own choosing, free from harm, alienation and discrimination. With our collective advocacy, we firmly believe that we can create an environment that is conducive to a successful community.

Against this backdrop, the Tennessee Department of Mental Health and Developmental Disabilities is laying a foundation for its journey from the institution to the community. To make this journey successful, we will “walk” the various paths of community-based services. Many times we will step into the shoes of mental health consumers to see the world from their standpoint. Along the way, we will savor the victories of those who complete their journey. And, we may possibly see new paths to clear and take.

Funding and Service Delivery

Elisabeth Rukeyser, commissioner for the DMHDD, has unveiled her vision of the steps that must be taken on this “walk.” The first step is for the DMHDD, through its policy initiatives, to assure the provision of appropriate services, as well as an adequate level of funding to deliver those services. The Memorandum of Understand (MOU) between the DMHDD, the TennCare Bureau





of the Tennessee Department of Finance and Administration details the DMHDD's responsibility and authority to plan, implement and provide oversight for the TennCare Partners Program, which funds most public mental health services in Tennessee.

This memorandum enables the DMHDD to coordinate mental health services funded under the TennCare Partners Program with other publicly funded mental health services, to assure a continuum of mental health services for consumers.

Goal Directed Policy

The revisions to Title 33 of the Tennessee Code Annotated will enhance opportunities for the department to realize our vision of providing a menu of services that are person-centered and based on a greater alignment between clinical decisions and consumer choice. Our policies reflect a clear definition of "medical necessity" that is appropriate to behavioral health services.

Preventive Children's Services

Early diagnosis and intervention are essential for successful treatment. As we develop policies, we recognize some children with mental illness may not be included in the data because they receive services through their primary care provider instead of a behavioral health provider. We must work diligently to assess the mental health needs of all Tennessee children.

Housing Initiative

A critical component in our goal for a comprehensive array of services and supports is the availability of appropriate housing. The DMHDD has launched an initiative to move as many people

as possible out of state mental health institutes and into the community. But the initiative doesn't stop there. There are many who live in the community who require proper housing. We are working with individuals, families and providers to determine how to make the transition an easy method, and what kind of services will be needed to assure a successful journey back to the community. We are, also, identifying existing housing and working with developers to create new housing which is appropriate for specific populations. The Office of Housing Planning and Development has been created to implement this initiative. The Creating Home Initiative (CHI) is leading the effort.

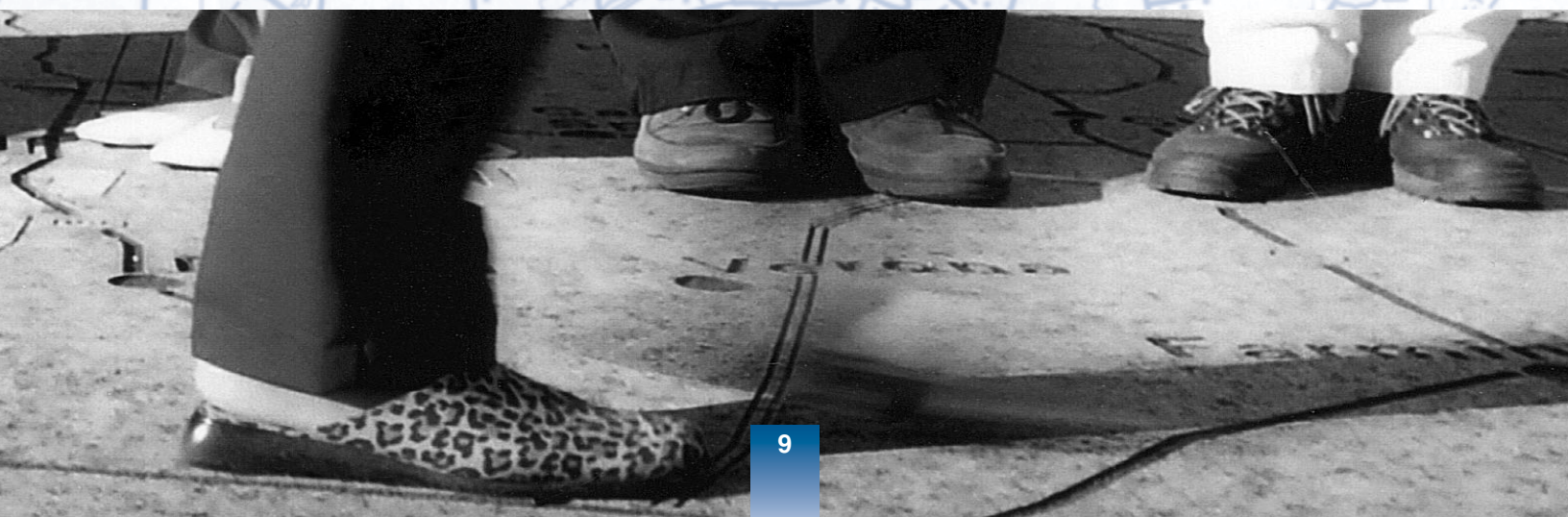
Increased Consumer Power

The DMHDD encourages consumer involvement in policy-making decisions and in all aspects of service planning, development, evaluation and monitoring. We recognize that consumers often know best which steps are needed to successfully complete our "walk."

Importance of Research

The DMHDD continues its work as an advocate for increased research and research funding needed to provide critical data for effective policy-making. Such data will give us the latest information about treatment options, and will help us educate consumers about specific mental health issues.

These are some of the important steps we must take as we continue our journey to community programs. With help, we will open more doors and offer a better life for many. We invite you to join hands and walk with us.



Title 33



Happy Day: Advocates and state officials watch as Governor Don Sundquist signs into law revisions to Title 33 of the Tennessee Code Annotated. Pictured from left to right: Andy Fox, C. Richard Treadway, M.D., Mary Rolando, Grayford Gray, George Spain, Elisabeth Rukeyser, June Palmer, Governor Don Sundquist, Evelyn Robertson, Carol Westlake, Rep. Mary Ann Eckles, Gaylon Booker, Debi Tate and Ben Dishman.

On June 23, 2000, Governor Don Sundquist signed into law a total revision of Title 33 of the Tennessee Code Annotated—the area that governs the delivery of services to Tennesseans with mental illness, serious emotional disturbance, developmental disabilities and persons who need in-patient alcohol and/or drug services.

Prior to 1953, when Tennessee began providing residential and treatment services under the Department of Mental Health (as it was then called), mental health care was the responsibility of the State Board of Control, State Board of Administration and Institutions.

Original laws governing the provision of services primarily focused on making things expedient for government and care providers - not on the personal needs of individuals. In those days, Tennessee did not necessarily adopt a “people first” approach.

The revision, which unanimously passed both houses of the legislature, set the tone for service delivery for the future that reflected in the name change to the Department of Mental Health and Developmental Disabilities (DMHDD).

Under the law’s provisions, the DMHDD must plan for and promote the availability of a comprehensive array of high quality prevention, early intervention, treatment and rehabilitation services and supports based on the needs and choices of service recipients and families served.

The new law expands, significantly, the DMHDD’s regulatory authority and the people who are eligible for services; requires all providers to meet basic quality standards and all licensees to have conflict resolution procedures; makes the department more accountable; includes families and consumers in all aspects of the

planning, developing and monitoring of service systems; and extends the rights of service recipients to the total service system.

Following are other significant changes to the law:

- Requires ongoing programs and budget planning effort; involves service recipients; makes programs subject to appropriations.
- Mandates cooperation with other agencies.
- Fills service gaps—mandatory services, three-day admissions.
- Gives service recipient role in care through advance directives.
- Creates Chapter Eight with special provisions for children and families—sets guiding principles, requires interagency agreements and interdepartmental planning for services by more than one agency.
- Provides monitoring of services without walls.

In 2003, the DMHDD will celebrate its 50th year. The passage of time has brought many changes in treatment concepts. One concept dictates that the kind of care provided be in the hands of providers and based on available resources. The other - the one supported by the new legislation - looks at the total person and family, encourages a comprehensive approach to services and gives the service recipient and his family a say into all aspects of the service system.

For further information on Title 33, go to the following internet address:
www.state.tn.us/mental/t33/PC947unofficialcompilation.pdf

Stepping Out of the Dark Ages...

...Into a Brighter Tomorrow



The new laws take up over 200 pages and their intent is clear - to change the concept of treatment for people with mental illness. In 1953, when Dr. Cyril Ruilmann took over as the department's first commissioner, he found three aging institutions entrusted with providing services.

The "bold new approach" of the Kennedy administration was still in the future, which meant that community resources were few. In fact, we really had not come far from a time when our institutions were referred to as hospitals for the insane and persons needing services were warehoused, limited to custodial care and had little or no access to the community.

As we approach our 50th anniversary, we reflect upon the many changes that have brought us to where we are today. Armed with new information, technology and approaches, the DMHDD is enacting plans and goals that will continue to provide for those with mental illness and developmental disabilities in their everyday care and treatment.

Pictures (from top left):

- Early conditions at a state mental health institute.
- Today, improved conditions, education and research allow for individuals to live improved lives within their communities.
- Housing is more readily available to those requiring places to stay within their communities. Greater emphasis is now placed on a "people first" approach, and more choices are open to consumers.
- The DMHDD Commissioner, Elisabeth Rukeyser, (right) at the kick-off of Nashville's Smart From The Start program at Pearl Cohn Comprehensive High School. Among those in attendance were Cheri Casas (center) and her daughter Mackenzie Casas (baby).